

PLACE OF BIRTH

County of Gila,
 District of Globe,
 Town of _____
 or
 City of Globe,

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 185
 County Registrar No. _____
 Local Registrar No. 216

No. Ash Street, St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gladys Mecham, { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female, { To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? Yes, 7. Date of birth 8 24 1925
 Month Day Year

3. FATHER
 Full name Lester A. Mecham,
 9. Residence (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state.
 10. Color or race White,
 11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Annibelle,
 (State or country) Utah.

13. Occupation Matress Maker,
 Nature of Industry

14. MOTHER
 Full maiden name Adelia C. Stowellm
 15. Residence (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state.
 16. Color or race White
 17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Colonia Jaurez,
 (State or country) Mexico.

19. Occupation Hpusewife,
 Nature of Industry

20. Number of children of this mother { (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____ } 21. Were precautions taken against ophthalmia neonatorum? Yes.
 (Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 12:10 P.M. on the date above stated
 (Born alive or stillborn)

2. When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature E.E. Wightman
 Address Globe, Ariz. (Physician or midwife).

Given name added from a supplemental report. _____ Filed 8/31, 1925 W.W. Worst
 Month, day, year Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

744-824-124